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INFO RUCNCLS/ALL SOUTH AND CENTRAL ASIA COLLECTIVE
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
RUEHPH/CDC ATLANTA GA
RHMCSUU/CDR USCENCOM MACDILL AFB FL
RHMCSUU/CDR USJFCOM NORFOLK VA
RUCUWSU/USSTRATCOM OFFUTT AFB NE
RUEAIIA/CIA WASHINGTON DC
RUEHRC/DEPT OF AGRICULTURE WASHDC
RUCPDO/DEPT OF COMMERCE WASHDC
RHEBAAA/DEPT OF ENERGY WASHINGTON DC
RUEAUSA/DEPT OF HHS WASHINGTON DC
RHMCSUU/DEPT OF HOMELAND SECURITY WASHINGTON DC
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RHEFDIA/DIA WASHINGTON DC
RUEHC/DEPT OF INTERIOR WASHDC
RHMCSUU/FAA NATIONAL HQ WASHINGTON DC
RHMCSUU/FBI WASHINGTON DC
RHMFIUU/USPACOM HONOLULU HI
RHMCSUU/CDR USSOCOM MACDILL AFB FL
RHHJJAA/JICPAC HONOLULU HI
RUEKJCS/JOINT STAFF WASHINGTON DC
RUEANQA/NGA HQ BETHESDA MD
RHMCSUU/NGIC INTEL OPS CHARLOTTESVILLE VA
RHEHNSC/NSC WASHDC
RHEHAAA/WHITE HOUSE WASHDC

UNCLAS SECTION 01 OF 03 NEW DELHI 001286

SENSITIVE
SIPDIS

HHS FOR OGHA AND PASS TO ANNE CUMMINGS AND DANIEL MILLER
CDC ATLANTA FOR CCID AND PASS TO NANCY COX, STEPHEN BLOUNT, ANN MOE
AND STEVE REDD
PASS TO NIH FOR ROGER GLASS, THOMAS MAMPILLY, JAMES HEDDINTON AND
GRAY HANDLEY
PASS TO FDA FOR MAC LUMPKIN AND MARY LOU VALDEZ
PASS TO AIAG FOR AMBASSADOR ROBERT LOFTIS, HELEN REED ROWE, AND
CRAIG SHAPIRO
USDA PASS APHIS AND FAS
DOT PASS SHATLEY
FAA PASS TNASKOVIK

E.O. 12958: N/A

TAGS: [KFLU](#) [AEMR](#) [ASEC](#) [CASC](#) [KFLO](#) [TBIO](#) [KSAF](#) [KPAO](#) [PREL](#) [PINR](#)
AMGT, MG, EAGR, EAIR, ECON, PREL, SOCI, IN
SUBJECT: INDIA - H1N1 FLU UPDATE

REF: A. NEW DELHI 860

[1](#)B. NEW DELHI 879

[1](#)C. HYDERABAD 63

[1](#)1. (SBU) SUMMARY: As of 19 June, India has 44 confirmed H1N1 cases, including two infections caught within India. Mission expects this number to increase over the near future. The Government of India (GOI) takes H1N1 and the possibility of recombination in India very seriously and is trying to plan an effective response. Despite that focus, airport screening procedures remain inconsistently applied and are not likely to improve, and government quarantine facilities are woefully substandard - Mission has had to intervene on behalf of quarantined American Citizens to ensure access to basic necessities such as running water and air conditioning. The GOI has requested that the U.S., as the source of India's H1N1 problem, take responsibility by starting airport exit screenings. END SUMMARY

H1N1 CASES INCREASE, U.S. BLAMED, MEDIA ISN'T HELPING

[1](#)2. (U) As of noon local time 19 June, India has confirmed 44 cases of H1N1, including two indigenous cases, and no deaths. Of the more than 329 people that have been tested, only about a third were

identified during airport screening, the remainder have self-reported. The number of positive cases is likely to increase over the short term, though conflicting environmental conditions make it hard to predict the future course of H1N1 infections. Extreme heat conditions throughout India make it harder for the virus to survive. Cases thus far have been mostly imported by wealthier travelers. However, a face-to-face culture and tremendously dense population - including groups that are immune-compromised, or that have poor nutrition, inadequate hygiene and sanitation, and little access to medical care - provide a potentially efficient virus breeding ground. India's Ministry of Health and Family Welfare (MOH) remains very concerned about H1N1, and especially that it could recombine and become more virulent in India. In response, the MOH has drafted a response plan that draws heavily from CDC and WHO information and is available at www.mohfw.nic.in. The GOI has not issued any new official travel warnings or taken any agricultural or trade-related actions in response to the increase in H1N1 cases or the WHO pandemic level.

13. (SBU) The Indian government and public are beginning to point fingers at the U.S. as the root of India's H1N1 trouble. Minister of State for Health Dinesh Trivedi told reporters on 16 June that "The U.S. is the main source [of swine flu] as far as India is concerned. In Mexico, when people leave the airport, they are properly monitored and screened. Similarly, Americans should also provide some kind of screening at the point of departure." Union Minister of Health and Family Welfare Ghulam Nabi Azad said that the disease was not controlled globally and that he had requested the Ministry of External Affairs (MEA) prevail on swine-flu affected countries to start screening passengers bound for India to cut down

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on the "spread of the deadly virus." Mission's Acting Health Attache responded to MEA requests to conduct U.S. exit screenings with an HHS, DHS and State Department-coordinated response that stated exit screening for H1N1 in travelers exiting the U.S. was not cost-resource efficient at this time, nor was it effective in preventing the spread of H1N1. As such, the Health Attache explained that exit screening is not taking place and is not being recommended by HHS. (NOTE: This response mirrors current WHO guidelines. END NOTE)

14. (U) COMMENT: The Indian media has been quick to jump on any potential H1N1 story, often taking creative license and without verifying facts. In one case (noted below) the media created a potential hazard at a government facility. The media also was camped outside the Airport Public Health Office's Delhi airport quarantine facility during an Embassy visit last week. END COMMENT

SCREENING AND QUARANTINE FACILITIES NOT SO GOOD

15. (SBU) Anecdotal reports from Mission travelers show that the MOH-mandated airport screenings (health questionnaire and examination by medical personnel) continue to be inconsistently applied. At Delhi's International Airport, some Embassy staff have passed through the health checkpoint without any screening; some have been asked basic questions about their health; and some have been lined up and checked with an aural (ear) thermometer that was used on every person without disposable covers or adequate sterilization. India is still not using thermal scanners, and it is unclear whether the GOI is still considering them as an option given their spectacular failure during initial demonstration at Delhi Airport.

16. (SBU) Mission has serious concerns about the quality of India's government quarantine facilities. Both Delhi and Hyderabad have had to intervene directly when American Citizens were quarantined in government facilities that were extremely unsanitary, not air-conditioned, subject to stray animal visits, and lacked basic amenities such as running water, a private toilet, or telephone. In Chennai, an American family was given permission to check themselves into a private hospital after they expressed health and security concerns. The press had reported all of their names and, falsely, that they had H1N1. Consequently, a large media swarm was waiting outside the government hospital when they tried to provide samples for testing. In Kolkata, an Indian citizen walked out of the city's

sole quarantine facility after waiting for hours without treatment, complaining it was unhygienic and mosquito-infested. She was returned to the ward by the authorities to stay until her test results, which were negative, came back. In addition to the poor conditions, we have received complaints by some American Citizens about the quality of medical care and that doctors are uncommunicative about treatment. REFTEL C provides more details on quality of care and facility issues in Hyderabad specifically.

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17. (SBU) We suspect these are not isolated cases and that conditions are similarly dismal at other government quarantine facilities. Mission will continue to follow up with quarantine hospitals and the MOH to assess the quality of facilities and care, and to advocate for improved conditions wherever possible. The MOH has indicated it is willing to certify and provide Tamiflu to the cleaner, better financed, and more well-appointed private hospitals. However, those hospitals have so far rebuffed Mission requests to take paying American quarantine patients for what appear to be press and/or business-related, rather than clinical, concerns. The MOH has indicated that home quarantine is not an option. Acting DCM advised MEA Joint Secretary Gaitri Kumar of Mission efforts to increase the options for quarantined visitors. She appreciated the information, thought it was a great idea, asked Mission to keep her in the loop, and contacted the MOH about the matter. The Embassy is also exploring with other Foreign Missions the option of a joint demarche drawing GOI attention to the issues, and requesting improvement in the quality of facilities and care.

COMMENT

18. (SBU) The GOI is taking H1N1 very seriously and is actively engaged in response planning exercises, but their implementation efforts are falling far short of the mark. A large influx of cases is likely to overwhelm the current response capability of the government medical system. In addition, continued press focus on deplorable facility conditions and substandard medical care is likely to discourage self-reporting of illness, potentially leading to greater spread of the virus. In a worst case scenario the combination of increased transmission, inadequate medical facilities, and aggressive media attention could lead to an outbreak the GOI cannot contain, and more opportunities for the virus to increase its virulence through recombination with local influenza strains. Mission will continue to advocate for American Citizens and work with Central and State authorities towards effective solutions. END COMMENT

BURLEIGH